

**INDIANA DEPARTMENT OF TRANSPORTATION
OFFICE OF MATERIALS MANAGEMENT**

**SAMPLE MATERIAL CERTIFICATION FORMS
ITM No. 804-08P**

1.0 SCOPE.

- 1.1** This procedure covers the sample forms to be used for various types of material certifications. Type A, Type B, Type C, Type D and Buy American sample forms are in accordance with the Department's Standard Specifications, Section 916.03. The sample certificate forms contained herein pertain to specific materials.
- 1.2** The values stated in either acceptable English or SI metric units are to be regarded separately as standard, as appropriate for a specification with which this ITM is used. Within the text, SI metric units are shown in parenthesis. The values stated in each system may not be exact equivalents; therefore, each system shall be used independently of the other, without combining values in any way.
- 1.3** This ITM may involve hazardous materials, operations, and equipment and may not address all of the safety problems associated with the use of the test method. The user of the ITM is responsible for establishing appropriate safety and health practices and determining the applicability of regulatory limitations prior to use.

2.0 TERMINOLOGY. Definitions for terms and abbreviations shall be in accordance with the Department's Standard Specifications, Section 101.

3.0 SIGNIFICANCE AND USE. This ITM provides sample forms containing required information about materials. Depending on the material, the forms shall be completed and submitted by the Contractor, a manufacturer, a supplier, a fabricator, or other designated companies furnishing the material to a Department contract. The information may be presented in a format convenient to the company; however, the information shall be complete, accurate, pertaining to the materials furnished, and without omissions of required information shown on the sample forms. Unless shown otherwise, the types of certifications shall be in accordance with the Department's Standard Specifications, Section 916.02.

4.0 SAMPLE FORMS.

Form Name	ITM Section No.
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4.1 Compliance for Plants.**CERTIFICATION OF COMPLIANCE FOR PLANTS**

I hereby certify that the following listed plants which were supplied to _____ for contract No. _____ comply with Indiana Department Contractor of Transportation specifications set out in subsection 914.08.

The number and species of plants supplied shall be listed in this space. The species shall be the exact pay item.

I understand that State and/or Federal funds are involved in the work in which this material will be used and that any misrepresentation on my part constitutes fraud.

(Date)

(Company of Grower)

(Signature of Company Official)

I certify that the plants listed above are those used on contract

(Date)

(Signature of Contractor)

4.2 Nursery Inspection.**CERTIFICATE OF NURSERY INSPECTION**

No. _____ Indianapolis, Indiana, Date _____

This is to certify that the nursery stock grown by _____
located at _____, Indiana, consisting of _____ acres
(_____ hectares), has been inspected by the undersigned or his authorized
representative, on _____, 2_____ in compliance with Indiana Code 14-24-
5,
14-24-9, 14-24-10, and 14-24-11, and has been found apparently free from destructively
injurious
insects and plant diseases.

This certificate covers _____ and is valid, unless
revoked for cause until October 1, 20_____.

Signed: _____
(State Entomologist)

4.3 Welding Electrode.**WELDING ELECTRODE CERTIFICATION**

 Manufacturer's Name and Address

Supplied to: _____

Date: _____ Quantity: _____ Order No.: _____ Project: No. _____

This is to certify that _____ ASTM-AWS classification (EXXX) as
 (trade name)
 supplied under the above order number, is of the same classification, manufacturing process, and
 material requirements as the electrodes tested on _____, 2_____.

All tests required by specification AWS A5.1 or AWS A5.5 were performed in
 accordance with this specification and the above electrode met all the requirements. The
 electrodes are marked in accordance with AWS A5.1 or AWS A5.5.

The chemical and mechanical properties of the deposited weld metal were as follows:

Property	5/32 in. (4 mm)		3/16 in. (5 mm)		1/4 in. (6 mm)	
	DC+	AC	DC+	AC	DC+	AC
Tensile Strength psi (kPa)						
Yield Strength psi (kPa)						
Elongation % in 2k						
Charpy V Notch Ft Lbm (N m) at ____ °F (____ °C)						
Manganese %						
Silicon %						
Nickel %						
Chromium %						
Molybdenum %						
Vanadium %						
Fillet Tests Position as required						
Radiographic Test						

Fillet Test, Radiograph, Chemistry, and Mechanical Properties are not required

for the following sizes: _____

Operations supervised by _____

4.4 Fly Ash Source.**FLY ASH SOURCE CERTIFICATION**

_____, as contracted by, _____ certifies
 (Broker) (Power Company)

that all class _____ fly ash, produced by the

 (F or C) (Name and/or Unit No.)

Power Plant of _____,
 (Power Company)

located in _____, _____, shipped for
 (City) (State)

use on Indiana Department of Transportation projects will be produced under appropriate quality control and will comply with all AASHTO M 295 Specifications and Indiana Department of Transportation Standard Specifications requirements.

_____, as contracted by, _____
 (Broker) (Power Company)

shall comply with the Indiana Department of Transportation Standard Specifications for all quality assurance testing and reporting requirements.

 (Date) (Broker)

 (Signature)

_____ agrees that any part of the above named
 (Power Company)
 power plant associated with the production of such fly ash may be checked by properly identified representatives of the Indiana Department of Transportation.

 (Date) (Power Company)

 (Signature)

4.5 Cement.**CEMENT CERTIFICATION**

The _____
 (Manufacturer and Location)

certifies that type _____ cement in this shipment conforms to the
 (type of cement)

requirements of the Indiana Department of Transportation Standard Specifications; and Source
 of

Shipment _____
 ;
 (if other than production location)

Purchaser and/or Consignee _____;

Point of Delivery _____;

Silo Identification _____;

Carrier and Truck Number _____;

Date _____ of _____ Shipment
 _____;

Quantity _____ of _____ Cement _____ in _____ kilograms _____ (pounds)
 _____;

and Other Information _____
 _____.

If Portland-Pozzolan cement, type IP or IP-A, is being shipped, the certification shall
 further state:

Class of ASTM C 618 Fly Ash _____; and Percentage of Pozzolan
 _____ % based on the mass of the Portland-Pozzolan cement.

 (Date) (Signature)

4.6 Geotextile Used under Riprap.

CERTIFICATION FOR GEOTEXTILES USED UNDER RIPRAP

_____ is a non-woven geotextile consisting of strong, rot resistant, chemically stable long-chain synthetic polymer material dimensionally stable with distinct and measurable openings. The plastic yarn or fibers used in this geotextile consist of a longchain synthetic polymer composed of at least 85 percent by mass of polyolefin, polyesters, or polyamides; and contains stabilizers and inhibitors added to the base plastic to make the filaments resistant to deterioration due to ultraviolet and heat exposure. This geotextile is calendered or otherwise finished so that the yarns or fibers will retain their relative position with respect to each other.

I hereby certify that _____ primary sampling units were selected in accordance with ASTM D 4354, to represent _____ yd² (_____ m²) of _____ geotextile, Lot No. _____. The results of testing each primary sampling unit are reported as follows:

Test	Method	Results	
Tensile Strength	Grab Tensile Strength ASTM D 4632	lbm	(N)
Elongation	Grab Tensile Strength ASTM D 4632	%	
Bursting Strength	Mullen Burst ASTM D3786	psi	(kPa)
Puncture Strength	ASTM D 4833	lbm	(N)
Trapezoid Tear	ASTM D 4533	lbm	(N)
Ultraviolet Degradation at 150 hours	ASTM D 4355	%	
		Strength retained for all classes	
AOS	ASTM D 4751		AASHTO Std.
Permeability**	ASTM D 4491 (permittivity)	mm/s	

*Values represent weaker principal direction where applicable.

**The nominal coefficient or permeability was determined by multiplying permittivity value by nominal thickness. The nominal thickness is measured under a normal load of 280 psi (1.93 MPa).

I understand that State and/or Federal funds and/or services are involved in the work in which this material will be used and that any misrepresentation on my part constitutes fraud.

_____ (Manufacturer's Name)	_____ (Signature of Manufacturer's Official)
_____ (Date)	_____ (Title of Official)

4.7 Geotextile Used with Underdrains.

CERTIFICATION FOR GEOTEXTILES USED WITH UNDERDRAINS

_____ is a non-woven needle punched or heat bonded geotextile consisting of strong, rot resistant, chemically stable long-chain synthetic polymer materials, dimensionally stable with each other including selvages. The plastic yarn or fibers used in this geotextile consist of at least 85 percent by weight (mass) of polyolefin, polyesters, or polyamides; and contain stabilizers and inhibitors added to the base plastic to make the filaments resistant to deterioration due to ultraviolet and heat exposure.

I hereby certify that _____ primary sampling units were selected in accordance with ASTM D 4354, to represent _____ yd² (_____ m²) of _____ geotextile, Lot No. _____. The results of testing each primary sampling unit are reported as follows:

Test	Method	Results	
Tensile Strength	Grab Tensile Strength ASTM D 4632	lbm	(N)
Seam Strength	ASTM D 4632	lbm	(N)
Bursting Strength	Mullen Burst ASTM D3786	psi	(kPa)
Puncture Strength	ASTM D 4833	lbm	(N)
Trapezoid Tear	ASTM D 4533	lbm	(N)
Ultraviolet Degradation at 150 hours	ASTM D 4355	%	
		Strength retained for all classes	
AOS	ASTM D 4751		AASHTO Std.
Permeability**	ASTM D 4491 (permittivity)	mm/s	

*Values represent weaker principal direction where applicable.

**The nominal coefficient or permeability was determined by multiplying permittivity value by nominal thickness.

I understand that State and/or Federal funds and/or services are involved in the work in which this material will be used and that any misrepresentation on my part constitutes fraud.

(Date) (Manufacturer's Name)

(Signature of Manufacturer's Official)

(Title of Official)

4.8 Ground Granulated Blast Furnace Slag Source.**GROUND GRANULATED BLAST FURNACE SLAG
SOURCE CERTIFICATION**

This is to certify that all grade _____, ground granulated blast furnace slag (GGBFS),
(100 or 120)

produced by _____
(Manufacturer's Name)

from granulated blast furnace slag from

(Steel Company)

located in _____, _____
(City) (State)

manufactured at _____
(Location of Manufacturing Plant)

using _____
(Type of Manufacturing Facility)

and shipped for use on Indiana Department of Transportation projects will be produced under appropriate quality control. The GGBFS will comply with all ASTM C 989 Specification and Indiana Department of Transportation Standard Specifications requirements.

_____ also agrees that any part of the
(Manufacturer's Name)

above named steel company and its manufacturing plant associated with the production of such ground granulated blast furnace slag may be checked at regular intervals by properly identified representatives of the Indiana Department of Transportation.

As an approved source of ground granulated blast furnace slag,
_____ shall be in accordance with
the

(Manufacturer's Name)
Indiana Department of Transportation Standard Specifications for all quality assurance testing and report requirements.

(Date) (Manufacturer's Name)

(Signature)

4.9 Silica Fume.**SILICA FUME CERTIFICATION**

This is to certify that all silica fume produced by _____
(Supplier's Name)

from _____
(Manufacturer's Name)

located in _____, _____
(City) (State)

manufactured at _____
(Location of Manufacturing Plant)

using _____
(Type of Manufacturing Facility)

and shipped for use on Indiana Department of Transportation projects shall be produced under appropriate quality control. The silica fume may be checked at regular intervals by properly identified representatives of the Department.

As an approved supplier of silica fume _____
(Supplier's Name)
shall be in accordance with all quality assurance testing and reporting requirements.

(Date) (Supplier's Name)

(Signature)

4.10 Type A - Epoxy Coated Reinforcing and Dowel Bars.**EPOXY COATED REINFORCING AND DOWEL BARS
TYPE A CERTIFICATION**

Contract Number _____

Contractor Name _____

Steel Manufacturer Name _____

B/L, Invoice or Weigh Ticket Number _____

Material Destination (other than contract location) _____

This is to certify that the materials furnished by the coater for epoxy coated steel for the contract described above comply and are in accordance with the specification limits.

Test	Method	Specification Limits	Range of Test Results
Epoxy Thickness	ASTM A 775		
Coating Flexibility	ASTM A 775		

(Date) (Coater Company Name)

(Signature of Coater Company Official)

(Title)

4.11 Type B - Reinforcing and Dowel Bars.

REINFORCING AND DOWEL BARS TYPE B CERTIFICATION

Contract Number _____

Contractor Name _____

Steel Manufacturer Name _____

B/L, Invoice or Weigh Ticket Number _____

Material Destination (other than contract location) _____

This is to certify that for the contract described above, the materials furnished are as follows:

Bar Designation, Grade & Heat Number	Quantity

The materials comply and are in accordance with the specification limits.

Test	Method	Specification Limits	Range of Test Results
Tensile Strength	ASTM A 615		
Yield Strength	ASTM A 615		
Elongation	ASTM A 615		
Unit Weight	ASTM A 615		
Deformation Height (reinforcing bars)	ASTM A 615		

All Chemical analysis requirements are in accordance with ASTM specifications.

**** This certification shall be prepared and signed by the steel supplier**

(Date) (Steel Supplier Company Name)

(Signature of Steel Company Official)

(Title)

4.12 Other PCC Sealer.**OTHER PCC SEALER CERTIFICATION**

The PCC sealer, _____,
(Sealer Name)

manufactured by _____
(Manufacturer Name)

is a _____
(Sealer Type)

based PCC sealer in accordance with NCHRP 244, Series IV, southern climate weathering test.

The percentage of active ingredients is _____.

The recommended application rate is _____.

The recommended application method is _____.

(Date) (Signature of Manufacturer Official)

(Title of Official)

4.13 Neutralized Vinsol Resin Air Entraining Admixtures.**NEUTRALIZED VINSOL RESIN AIR ENTRAINING
ADMIXTURE CERTIFICATION**

_____, manufactured by _____
(Admixture Name) (Manufacturer Name)

is an aqueous solution of vinsol resin that has been neutralized with sodium hydroxide.

The ratio of sodium hydroxide to vinsol resin is one part of sodium hydroxide to _____
parts of vinsol resin, by weight (mass).

The percentage of solids based on residue at 221°F (105°C) is _____.

No other additive of chemical agent is present in this solution.

The recommended dosage is _____.

(Date) (Signature of Manufacturer Official)

(Title of Official)

4.14 Air Entraining Admixture Manufactured In Proportions Other Than AASHTO T 157 And Type A, B, C, D, and E Admixtures.

**AIR ENTRAINING ADMIXTURE MANUFACTURED IN PROPORTIONS OTHER
THAN AASHTO T 157 AND
TYPE A, B, C, D, AND E ADMIXTURES CERTIFICATION**

_____, manufactured by _____
(Admixture Name) (Manufacturer Name)

is in accordance with 912.03 for type _____,
(Admixture Name)

The ion content of _____ is _____.

Chloride is not added as an ingredient of manufacture.

The recommended admixture dosage is _____.

Attached herewith are dated test reports substantiating full compliance with the specifications. If irregularities are found in the test results, copies of the original data shall be submitted prior to reconsideration of the certification.

(Date)

(Signature of Manufacturer Official)

(Title of Official)

4.15 HRWR and HRWRR Admixture Systems.**HRWR AND HRWRR ADMIXTURE SYSTEMS CERTIFICATION**

The HRWR or HRWRR system consists of the following admixtures:

_____, type _____ manufactured by _____
 (Admixture Name) (Manufacturer Name)

_____, type _____ manufactured by _____
 (Admixture Name) (Manufacturer Name)

_____, type _____ manufactured by _____
 (Admixture Name) (Manufacturer Name)

is in accordance with 912.03 for type _____,
 (Admixture Name)

The chloride ion content of each admixture is as follows:

_____, _____
 (Admixture Name) (Ion Content)

_____, _____
 (Admixture Name) (Ion Content)

_____, _____
 (Admixture Name) (Ion Content)

Chloride is not added as an ingredient of manufacture.

Each PCC admixture within the HRWR or HRWRR system is in accordance with 912.03.

The recommended admixture dosage is _____.

Attached herewith are dated test reports substantiating full compliance with the specifications. If irregularities are found in the test results, copies of the original data shall be submitted prior to reconsideration of the certification.

 (Date) (Signature of Manufacturer Official)

 (Title of Official)

4.16 RAPID SETTING PATCH MATERIALS**RAPID SETTING PATCH MATERIALS CERTIFICATION**

_____, manufactured by _____
(Rapid Setting Patch Material Name) (Manufacturer Name)

is a single packaged dry mix rapid setting patch material for use on bridge decks, highways and similar applications.

_____ requires only water just prior to mixing, does not
(Rapid Setting Patch Material Name)

contain soluble chlorides as an ingredient of manufacture, and does not require chemical additives.

_____ is packaged in _____ bags.
(Rapid Setting Patch Material Name) lb (kg)

The neat yield is _____ yd³ (m³) and shall allow a _____ percent extension, by weight, with a _____ in. (mm) round aggregate.

The shelf life of _____ is _____ months.
(Rapid Setting Patch Material Name)

The repair depth range is from _____ in (.mm) to _____ in. (mm).

_____ does not require curing material, nor a bonding agent
(Rapid Setting Patch Material Name)

and may be sealed with an epoxy sealer.

_____ is _____ color.
(Rapid Setting Patch Material Name)

_____ will be mixed using _____.

_____ is in accordance with ASTM C 928.
(Rapid Setting Patch Material Name)

(Date) (Signature of Manufacturer Official)

(Title of Official)

4.17 Geogrid**GEOGRID CERTIFICATION**

_____ is a Geogrid consisting of a regular network of integrally connected polymer tensile elements with aperture geometry sufficient to permit significant mechanical interlock with the surrounding material. The geogrid structure shall be dimensionally stable and shall be able to retain its geometry under construction stresses. The geogrid structure shall have resistance to damage during construction, ultraviolet degradation, and all forms of chemical and biological degradation encountered in the soil being stabilized.

I hereby certify that _____ primary sampling units were selected in accordance with ASTM D 4354 (3.2.1.1), to represent _____ yd² (_____ m²) of _____ geogrid, Lot No. _____. The results of testing each primary sampling unit are reported as follows:

Property	Test Method	Unit	Results (Min)
Aperture Size	Calibered	in. (mm)	
Open Area	COE CW02215	Percent	
Tensile Modulus			
Machine Direction	GRI, GGI ^{1,3,4}	lb/ft (N/m)	
Cross Machine Direction	GRI, GGI ^{1,3,4}	lb/ft (N/m)	
Ultimate Strength			
Machine Direction	GRI, GGI ^{2,3,4}	lb/ft (N/m)	
Cross Machine Direction	GRI, GGI ^{2,3,4}	lb/ft (N/m)	

1. Secant modulus at 5% elongation measured by Geosynthetic Research Institute Test Method GGI, Geogrid Tensile Strength. No offset allowance shall be made in calculating secant modulus.
2. Ultimate Strength measured by Geosynthetic Research Institute Test Method GGI, Geogrid Tensile Strength.
3. Results for the machine direction [MD] and cross machine direction [CMD] are required.
4. Minimum average roll values shall be in accordance with ASTM D 4759.

I understand that State and /or Federal funds and/or services are involved in the work in which this material will be used and that any misrepresentation on my part constitutes fraud.

(Date)

(Manufacturer Name)

(Signature of Manufacturer Official)

(Title of Official)

4.18 Compliance for Coating Formulation**COATING FORMULATION CERTIFICATION**

This certifies the coating formulation _____
(Formulation or Product Identification)

of _____ manufactured by _____
(Type of Coating) (Manufacturer Name)

at _____
(Plant Location, City & State)

is in accordance with the Indiana Department of Transportation Standard Specifications.

No changes have been made to the formulation or to the production process for this coating. The QCP and MSDS for this coating has been provided to the Office of Materials Management and is current.

(Date) (Signature of Manufacturer Representative)

(Title)

4.19 Compliance for Structural Steel Coating Systems**STRUCTURAL STEEL COATING SYSTEMS
CERTIFICATION**

This certifies the structural steel coating system consisting of

_____, _____
(Primer Identification) (Intermediate Coating Identification)

and _____ manufactured by
(Finish Coat Identification)

(Manufacturer Name)

at _____
(Plant Location City & State)

is in accordance with INDOT Standard Specifications. No changes have been made to the formulations or the production process of these coatings. The QCP and MSDS for these coatings have been provided to the Office of Materials Management and are current.

(Date) (Signature of Manufacturer Representative)

(Title)

4.20 Annual Certification Letter for Reflective Sheeting**REFLECTIVE SHEETING
ANNUAL CERTIFICATION LETTER**

This certifies the reflective sheeting types listed below are in accordance with INDOT Standard Specifications. No changes have been made to the production process. The material is the same material as the material that was furnished for the evaluation sample and was subsequently placed on the Indiana Department of Transportation list of approved materials for Reflective Sheeting. The Manufacturer is:

(Manufacturer Name)

at

(Manufacturer Address)

and the list of products are:

Product Name/Number	AASHTO Type	Adhesive Class	Color

(Date)

(Signature of Manufacturer Representative)

(Title)